

FILED JAN 25 1951

STANDARD CERTIFICATE OF DEATH

State File No. **43642**

610

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>5721</u>		Registrar's No. <u>96</u>	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>			
b. CITY OR TOWN <u>Rural - Callao</u>		c. LENGTH OF STAY (in this place) <u>unknown</u>		c. CITY OR TOWN <u>Rural - Callao</u>		<u>4610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mi. West of Callao</u>				d. STREET ADDRESS (If rural, give location) <u>1/2 mi. West of Callao</u>			
3. NAME OF DECEASED (Type or Print) <u>Maud</u>		a. (First)		b. (Middle) <u>Smith</u>		c. (Last)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 29, 1877</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		9. AGE (In years last birthday) <u>73</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. BIRTHPLACE (State or foreign country) <u>Ohio</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>Lorenzo Tucker</u>		13b. MOTHER'S MAIDEN NAME <u>Eva Buck</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Virgil Smith</u> ADDRESS <u>Callao, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Uremic Coma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Interstitial Nephritis</u> DUE TO (c) <u>Hypertension arterial</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gent Virus Pneumonia</u> <u>Cardiac Hypertrophy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 yrs</u> <u>unknown</u> <u>592 X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from <u>6-28, 1950</u> , to <u>12-7, 1950</u> that I last saw the deceased alive on <u>12-7, 1950</u> , and that death occurred at <u>3:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Virgil Smith</u> (Degree or title) _____				23b. ADDRESS <u>Macon Mo</u>		23c. DATE SIGNED <u>12-14-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>12/10/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Oakwood</u>		24d. LOCATION (City, town, or county) (State) <u>Bevier Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-9-50</u>		REGISTRAR'S SIGNATURE <u>Josephine King</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Skinner</u> ADDRESS <u>Macon Mo.</u>			

RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No. 1-51-10
Date Filed 1-20-51

JAN 17 1951
JAN 17 1951
Date Received
DISTRICT HEALTH OFFICE #2
District File Number
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

Thos. J. Roth

Licensed Embalmer No. *4552*

P. O. Address *Macon, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.